

<i>SERFF Tracking Number:</i>	<i>ACEH-125862929</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-CA-2007991</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>08-CA-2007991</i>		
<i>Project Name/Number:</i>	<i>Fronted Reimbursement Of Deductible Endorsement/08-CA-2007991</i>		

Filing at a Glance

Companies: ACE American Insurance Company, Indemnity Insurance Company of North America

Product Name: 08-CA-2007991

SERFF Tr Num: ACEH-125862929 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: 08-CA-2007991

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Ginny Boyles, Viola McBride

Disposition Date: 10/27/2008

Date Submitted: 10/17/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 10/27/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 10/27/2008

State Filing Description:

General Information

Project Name: Fronted Reimbursement Of Deductible Endorsement

Status of Filing in Domicile:

Project Number: 08-CA-2007991

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/27/2008

State Status Changed: 10/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We wish to submit a new Reimbursement of Deductible endorsement to be used when an insured requests a fronted policy in order to retain this exposure while still providing the necessary financial responsibility as required by parties with whom they do business.

<i>SERFF Tracking Number:</i>	<i>ACEH-125862929</i>	<i>State:</i>	<i>Arkansas</i>
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The deductible amount is equal to the limit of insurance provided for all liability coverages. We will pay claims up to the limit of insurance and request reimbursement from the insured. This reimbursement endorsement does not relieve ACE of its duty to defend and pay damages under the policy to 3rd parties. The endorsement verifies the agreement between the insured and ACE in which ACE will provide a defense and will pay the injured party, seeking reimbursement once that payment has been made.

This endorsement will be used only on larger risks, those considered Fortune 1000 type accounts, that are willing and able to retain a significant amount of risk, and will not be used on smaller mom and pop type accounts.

Company and Contact

Filing Contact Information

Viola McBride, Filing Technician	viola.mcbride@ace-ina.com
436 Walnut Street	(215) 640-5238 [Phone]
Philadelphia, PA 19106	(215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 95-2371728	

Indemnity Insurance Company of North America	CoCode: 43575	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 06-1016108	

Filing Fees

Fee Required?	Yes
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<i>SERFF Tracking Number:</i>	<i>ACEH-125862929</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-CA-2007991</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>08-CA-2007991</i>		
<i>Project Name/Number:</i>	<i>Fronted Reimbursement Of Deductible Endorsement/08-CA-2007991</i>		
Fee Amount:	\$25.00		
Retaliatory?	No		
Fee Explanation:			
Per Company:	No		

SERFF Tracking Number: *ACEH-125862929* *State:* *Arkansas*
First Filing Company: *ACE American Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-CA-2007991*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *08-CA-2007991*
Project Name/Number: *Fronted Reimbursement Of Deductible Endorsement/08-CA-2007991*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$25.00	10/17/2008	23258955
Indemnity Insurance Company of North America	\$0.00	10/17/2008	
ACE American Insurance Company	\$25.00	10/23/2008	23429823

<i>SERFF Tracking Number:</i>	<i>ACEH-125862929</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-CA-2007991</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
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<i>Project Name/Number:</i>	<i>Fronted Reimbursement Of Deductible Endorsement/08-CA-2007991</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/27/2008	10/27/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Form Filing Fee	Note To Filer	Llyweyia Rawlins	10/17/2008	10/17/2008

SERFF Tracking Number:	ACEH-125862929	State:	Arkansas
First Filing Company:	ACE American Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-CA-2007991		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	08-CA-2007991		
Project Name/Number:	Fronted Reimbursement Of Deductible Endorsement/08-CA-2007991		

Disposition

Disposition Date: 10/27/2008
Effective Date (New): 10/27/2008
Effective Date (Renewal): 10/27/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>ACEH-125862929</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Project Name/Number:</i>	<i>Fronted Reimbursement Of Deductible Endorsement/08-CA-2007991</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Fronted Reimbursement Of Deductible Endorsement	Approved	Yes

SERFF Tracking Number: *ACEH-125862929* *State:* *Arkansas*
First Filing Company: *ACE American Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-CA-2007991*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *08-CA-2007991*
Project Name/Number: *Fronted Reimbursement Of Deductible Endorsement/08-CA-2007991*

Note To Filer

Created By:

Llyweyia Rawlins on 10/17/2008 10:00 AM

Subject:

Form Filing Fee

Comments:

Hello Viola

The Form Filing Fee for the state of Arkansas is \$50 per filing.

There is a balance due of \$25. When can we expect the payment balance?

Thank You

Llyweyia Rawlins

SERFF Tracking Number:	ACEH-125862929	State:	Arkansas
First Filing Company:	ACE American Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-CA-2007991		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	08-CA-2007991		
Project Name/Number:	Fronted Reimbursement Of Deductible Endorsement/08-CA-2007991		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Fronted Reimbursement Of Deductible Endorsement	DA-25844	(10/08)	Endorseme New nt/Amendm ent/Condi tions		44.70	DA-25844_front ed auto deductible.p df

FRONTED REIMBURSEMENT OF DEDUCTIBLE ENDORSEMENT

ALLOCATED LOSS ADJUSTMENT EXPENSE ("ALAE") BORNE ENTIRELY BY THE INSURED

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
GARAGE COVERAGE FORM**

I) DEDUCTIBLE AMOUNT

The Deductible Per "Accident" is equal to:

1. The Limit of Insurance for each coverage provided under this policy, except Physical Damage and Garagekeepers; plus
2. All Allocated Loss Adjustment Expense.

II) ADDITIONAL PROVISIONS

- 1) "We" will pay all sums that "we" become legally obligated to pay, up to the Limit of Insurance under this policy.
- 2) "You" must reimburse us up to the Deductible Amount for any amounts we have paid under this policy.
- 3) The Deductible Amount shown in Section I of this endorsement will apply per "accident", regardless of the number of claimants, Insureds, claims made or "suits" brought, or persons or organizations making claims or bringing "suits".
- 4) If "you" fail to reimburse "us" for any amount due under this endorsement, or fail to provide "us" any collateral that "we" require, "you" will be in default of "your" obligations to "us", and "we" may take any steps "we" deem necessary to enforce our rights against "you", including but not limited to drawing on any amount of collateral "we" hold or canceling this policy, if permitted by law.
- 5) Each Named Insured is jointly and severally liable for all amounts reimbursable under this endorsement.
- 6) If "we" recover any payment "we" make under this policy from anyone liable for damages or "ALAE", the amount "we" recover will first be applied to any payments "we" made in excess of the Deductible Amount and to "our" expenses in obtaining the recovery. The remainder of the recovery, if any, will reduce the amount that is reimbursable by "you".

III) ALLOCATED LOSS ADJUSTMENT EXPENSE DEFINITION

“Allocated Loss Adjustment Expense(s)” or “ALAE” means such claim expenses, costs and any interest provided for under the Supplementary Payments of this policy, that are incurred in connection with the investigation, administration, adjustment, settlement or defense of any claim or lawsuit that we, under our accounting practices, directly allocate to a particular claim, whether or not a payment indemnifying the claimant(s) is made. Such expenses include, but are not limited to, subrogation, all court costs, fees and expenses; fees for service of process; fees and expenses to attorneys for legal services; the cost of services of undercover operations and detectives; fees to obtain medical cost containment services; the cost of employing experts for the purpose of preparing maps, photographs, diagrams, and chemical or physical analysis, or for expert advice or opinion; the cost of obtaining copies of any public records; and the cost of depositions and court reporters or recorded statements, provided, however, that Allocated Loss Adjustment Expense shall not include the salaries and traveling expenses of our employees or our overhead and adjusters' fees.

IV) NO OTHER CHANGES

All other terms of this policy, including those with respect to:

- (a) Our right and duty to defend any "insured" against a "suit" asking for damages to which this insurance applies, and
- (b) Limit of Insurance, and
- (c) Your duties in the event of an accident, claim, suit or loss

remain unchanged.

Authorized Agent

<i>SERFF Tracking Number:</i>	<i>ACEH-125862929</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>08-CA-2007991</i>		
<i>Project Name/Number:</i>	<i>Fronted Reimbursement Of Deductible Endorsement/08-CA-2007991</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ACEH-125862929 State: Arkansas
First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-CA-2007991
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: 08-CA-2007991
Project Name/Number: Fronted Reimbursement Of Deductible Endorsement/08-CA-2007991

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/27/2008

Comments:

Attachments:

NAIC Transmittal - AR.pdf
Form Filing Schedule.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 10/27/2008

Comments:

Attachment:

filing memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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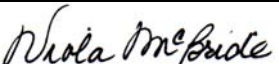
3.	Group Name	Group NAIC #
	ACE USA	626

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	ACE American Insurance Company	PA	22667	95-2371728
	Indemnity Insurance Company Of North America	PA	43575	06-1016108

5. Company Tracking Number	08-CA-2007991
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Viola McBride 510 Walnut Street WB04G Phoildadlephia, PA 19106	Regulatory Associate	(2150 640-5238)		

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Viola McBride

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Commercial Automobile
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	10/17/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	08-CA-2007991
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We wish to submit a new Reimbursement of Deductible endorsement to be used when an insured requests a fronted policy in order to retain this exposure while still providing the necessary financial responsibility as required by parties with whom they do business.

coverages. We will pay claims up to the limit of insurance and request reimbursement from the insured. This reimbursement endorsement does not relieve ACE of its duty to defend and pay damages under the policy to 3rd parties. The endorsement verifies the agreement between the insured and ACE in which ACE will provide a defense and will pay the injured party, seeking reimbursement once that payment has been made.

This endorsement will be used only on larger risks, those considered Fortune 1000 type accounts, that are willing and able to retain a significant amount of risk, and will not be used on smaller mom and pop type accounts.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08:2007991		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Fronted Reimbursement of Deductible Endorsement-ALAE Borne Entirely By The Insured	DA-25844 10/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

FILING MEMORANDUM

We wish to submit a new Reimbursement of Deductible endorsement to be used when an insured requests a fronted policy in order to retain this exposure while still providing the necessary financial responsibility as required by parties with whom they do business. The form information is as follows:

**DA-25844 10/2008 FRONTED REIMBURSEMENT OF DEDUCTIBLE
ENDORSEMENT, ALLOCATED LOSS ADJUSTMENT
EXPENSE (“ALAE”) BORNE ENTIRELY BY THE
INSURED**

The deductible amount is equal to the limit of insurance provided for all liability coverages. We will pay claims up to the limit of insurance and request reimbursement from the insured. This reimbursement endorsement does not relieve ACE of its duty to defend and pay damages under the policy to 3rd parties. The endorsement verifies the agreement between the insured and ACE in which ACE will provide a defense and will pay the injured party, seeking reimbursement once that payment has been made.

This endorsement will be used only on larger risks, those considered Fortune 1000 type accounts, that are willing and able to retain a significant amount of risk, and will not be used on smaller mom and pop type accounts.

We will collateralize the insured's obligation to us within the deductible. The amount of the insured's obligation that we will require collateral for will vary with the insured's financial strength. We may collateralize to an amount higher or lower than the expected losses based on our evaluation of the credit risk that the insured poses. The endorsement provides for remedy in the event that the insured fails to provide the required reimbursement in the form of utilizing the collateral and/or cancelling the policy. This will be invoked in line with state law.

The rating for use of this Deductible Reimbursement endorsement will be encompassed in the large risk rating plan used to rate the policy as approved by the state, which would include the filed and approved ACE Large Risk Rating Plan or the ISO Composite or Retrospective Rating Plans). There is no rating rule associated with the use of this form. Use of this deductible reimbursement is based upon agreement between the insured and ACE.

We seek to begin using this endorsement effective 12/01/2008 or as soon as permitted by state law.